

**USUHS
OFF-SITE/COURSE NOMINATION FORM**

This form is a nomination form and does not guarantee placement in any course until your selection has been confirmed in writing, by phone or by E-mail message.

Employees Name:		SSN:
Series/Grade/Title:	Department:	Extension:
Email Address:		
Course Title:		Total Hours:
Location:	Dates:	Time:

If you are disabled, will you need special accommodations? **Yes** **No**

If yes, please call the Training Office or describe disability below:

Employee=s Signature

Date

This course is job-related; I approve the employees request to attend.

Supervisor=s Signature

Date

Training Officer=s Signature

Date

Course completion: _____
Training Officer

Date